

Please type a plus sign (+) inside this box ☒

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Commissioner for Patents
Mail Stop Patent Application
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	X-5683K
First Named Inventor	Anderson
Original Patent Number	5,691,385
Original Patent Issue Date (Month/Day/Year)	November 25, 1997
Express Mail Label No.	EL832894942US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS

- ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☐ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/declaration (original or copy)
(37 CFR 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent
☐ Offer to Surrender Original Patent (37 CFR 1.178) (PTO/SB/53 or PTO/SB/54)
or
☒ Ribbioned Original Patent Grant
☐ Affidavit/Declaration of Loss
(PTO/SB/55)
- Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees
(PTO/SB/53 or PTO/SB/54)
☐ 37 CFR 3.73(b) Statement
☒ Power of Attorney

ACCOMPANYING APPLICATION PARTS

- ☐ Transfer drawings from Patent File
- ☐ Foreign Priority Claim (35 USC 119) (if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Small Entity ☐ Stmt. Filed in prior application, Status still proper and desired
- ☒ Preliminary Amendment
- ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☒ Other: Petition to Correct Inventorship
Consent by Assignee for Change of Inventorship
Authority to Act On Behalf of Assignee for Change of Inventorship

15. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label ☒ Correspondence address below
(Insert Customer No. or Attach bar code label here)

Name John C. Demeter

Address
Eli Lilly and Company
Patent Division
P.O. Box 6288



25885

PATENT TRADEMARK OFFICE

City	Indianapolis	State	Indiana	Zip Code	46206-6288
Country	USA	Telephone	317-276-3785	Fax	317-276-3861

Name (Print/Type) John C. Demeter Registration No. (Attorney/Agent) 30,167

Signature

John C. Demeter

Date

9/24/03

21906 U.S. PTO
10/670188



09/24/03

16558 U.S. PTO

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PTO/SB/17 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

Note: Effective November 10, 1997.

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$880.00)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number
Deposit
Account Name

05-0840

Eli Lilly and Company

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION**1. FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	750
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$750.00)

2. CLAIMS

Total Claims	Extr a	Fee from below	Fee Paid
4	-20**=	X 18	= 0
1	-3**=	X 84	= 0
Multiple Dependent Claims (first time)		X 280	= 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim
109	84	209	42	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Anderson, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	X-5683K

FEE CALCULATION (continued)

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge-late filing fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	410	216	205	Extension for reply within second month	
117	930	217	465	Extension for reply within third month	
118	1,450	218	725	Extension for reply within fourth month	
128	1,970	228	985	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive-unavoidable	
141	1,300	241	650	Petition to revive-unintentional	
142	1,300	242	650	Utility issue fee (or reissue)	
143	470	243	235	Design Issue Fee	
144	630	244	315	Plant Issue Fee	
122	130	122	130	Petitions to the Commissioner	130
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt.	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	750	246	375	Filing a submission after final rejection (37 CFR 1.129(a))	
149	750	249	375	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify).

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$130.00)

SUBMITTED BY

Typed or Printed Name John C. Demeter

Signature

Complete (if applicable)

Reg. Number 30,167

Date

Sept. 27, 2003

"Express Mail" mailing label number

Date of Deposit

9-24-03 EL832894942US

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22304-0450

Printed Name

Signature

"Express Mail" mailing label number EL832894942US
Date of Deposit 9-24-03
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QUEEN THOMAS Queen Thomas
Printed Name Signature

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent : U.S. 5,691,385)
Issued : November 25, 1997)
Application No.: 08/450,052)
Patentee : David B. Anderson, et al.)
For : GROWTH PROMOTION)
Docket No. : X-5683K)

PETITION FOR CORRECTION OF INVENTORSHIP OF PATENT

(37 C.F.R. 1.324 or 37 C.F.R. 1.48)

1. This is a petition for correction of error in a misjoinder of inventor(s) in the above issued patent. It is respectfully requested that the PTO issue a certificate correcting the error.

2. Enclosed herewith is Statement Under 37 C.F.R. 1.324(b) stating that there is no disagreement in regard to the requested change.

Also enclosed is the written consent of the assignee and a statement under 37 C.F.R. 3.73(b), establishing right of assignee to take action, is also enclosed.

3. The fee required (37 C.F.R. 1.20(b) - \$130.00) is paid as follows:

09/29/2003 HLE333 00000071 050840 10670188

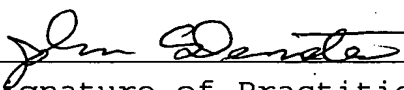
02 FC:1460 130.00 DA

Patent No. U.S. 5,691,385

Authorization is hereby made to charge the amount of \$130.00 to Deposit Account No. 05-0840 in the name of Eli Lilly and Company.

A duplicate of this paper is attached.

Reg. No. 30,167.



Signature of Practitioner

Tel. No.: (317)276-3785

John C. Demeter

Customer No.: 25885

Typed or Printed Name of Practitioner

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